

# PEDESTRIAN AUTOMOTIVE FATALITIES

Factors contributing to pedestrian fatalities on the streets of New York City and safety measures that reduce the toll of pedestrian accidents are highlighted in these pictures from an exhibit shown at the 1962 meeting of the American Public Health Association. The ex-

hibit reports findings of an investigation of 200 consecutive pedestrian fatalities in the Borough of Manhattan during an 18-month period, conducted by the New York City Police Department and Office of the Chief Medical Examiner and Cornell University Medical College.



More than 75 percent of the fatally injured pedestrians were violating a traffic law or safety regulation. Crossing between intersections or crossing against signal lights were the most common viola-

tions. Mechanical defects could be detected in only 10 of 165 automobiles tested, and there was no evidence that these defects were significant factors in the accidents.



Children under 10, persons over 50, and alcoholic derelicts were groups at high risk. The median age of the fatally injured pedestrians was 52.4 years, and males outnumbered females 3 to 1. A



minimum of 43 percent of the victims over age 16 had been drinking, according to tests for alcohol in blood or brain tissue, and there was an unusual bunching of accidents in the Bowery area.



Residential neighborhoods were more common sites for fatal pedestrian accidents than business areas

with dense pedestrian traffic. Accident victims usually lived in areas where they were killed.



Traffic signal lights, police officers at intersections, and barriers that prevent crossing the street in the



middle of the block greatly reduce the toll of pedestrian accidents.

## A Community Health Survey

The first stage of a pilot demonstration to measure in depth the communicable disease problems of an entire community has been completed in Huntsville, Ala. Culminating 10 years of demonstrations on vector control and related sanitation programs in 14 States by the Communicable Disease Center of the Public Health Service, the Huntsville project is the first to demonstrate comprehensive disease control in one community.

In this and other projects underway in Oklahoma City, Okla., Lebanon, Pa., and Tucson, Ariz., the CDC surveys the community in cooperation with the local and State departments of health. In the first stage of the Huntsville demonstration, health problems in Huntsville-Madison County were delineated, data were gathered on occurrence of infectious diseases and on levels of immunization, and the environment was surveyed for poor housing and poor sanitation. Workers of the county health department and the CDC team studied health department records and sought to improve disease reporting. This first stage revealed deficiencies in immunization coverage in some groups and areas but few in housing, most of which was of fairly recent construction.

Persons in middle and upper class urban neighborhoods were more adequately immunized against poliomyelitis than the rural population or residents of lower class urban neighborhoods. Among children aged 3 months through 4 years, 70 percent of those in the city had had three or more injections of Salk vaccine, while only 46 percent of those in rural areas were as adequately protected. Immunization against diphtheria, pertussis, and tetanus was also higher in middle socioeconomic urban areas, ranging from 94 percent in children under 5 in the middle socioeconomic areas to as low as 67 percent in the lower socioeconomic areas. Urban men in the 20-40 age group were best protected against tetanus, although only

one-third of these were properly immunized.

There were relatively few influenza immunizations; in persons over 65, they ranged from 4 to 28 percent. School children were generally well immunized against smallpox, but preschool children, particularly those from lower socioeconomic urban neighborhoods or from rural areas, were inadequately protected. Immunization against typhoid within the preceding 3 years ranged from 24 percent in the urban population to 35 percent in rural areas.

The environmental survey indicated that 87 percent of the residences in the Huntsville area were good, 8 percent fair, and only 4 percent poor. However many outdoor toilets and privies and some deficiencies in storage of refuse were noted.

The CDC team, headed by Dr. James F. Smith, has recommended increased emphasis on immunizing the inadequately protected groups through neighborhood clinics, mobile health units, and intensive neighborhood campaigns. The team proposed a program of epidemiologic investigations of hepatitis cases and of outbreaks of scarlet fever, enteric diseases, and severe sore throat; a sanitary landfill to replace the city dump; and the enactment of various public health ordinances.

Dr. Otis F. Gay, director of the Madison County Department of Health and head of the demonstration, is working with community leaders in Huntsville to remedy defects the demonstration has revealed. A campaign for improved refuse handling has been initiated. Health department and CDC workers will locate and plan for elimination of standing water that breeds mosquitoes and also will try to eliminate other disease-bearing pests such as flies and rodents.

The Alabama State Health Department plans to conduct similar disease control projects in other communities, assisted by the Communicable Disease Center.